		EMPLOYER		
	(Government Code Sect	ion 86116)		1/6
	or		ı	
	☐ REPORT OF LOBBYING (2 Cal. Code of Regs. Sec			
FORM 635 1993				
	/2009 F	OR OFFICIAL USE ONLY		
	CUMULATIVE PERIOD BEGINNING	01/01/2009	A	
•	TYPE OR PRINT IN to be provided to you pursuant to the Information Practice closure Provisions of the Political Reform Act.		on B	
NAME OF FILER:			<u>'</u>	
PROFESSIONAL FID	UCIARY ASSOCIATION OF CALIFORNIA			
BUSINESS ADDRESS: (Nu	mber and Street) (City)	(State) (Zip Code	e) TELEI	PHONE NUMBER:
	SACRAMEN			
PART I - LEGISLATIV (See instructions on reve	/E OR STATE AGENCY ADMINISTRATIVE ACTI rse.)	ONS ACTIVELY LOBBIE	D DURING THE	PERIOD
X If more space is need	ded, check box and attach continuation sheets. SUMMARY OF PAYM	ENTS THIS PERIOD		
A Total Payments to	In-House Employee Lobbyists (Part III, Section A, Colum	nn 1)	\$	0.00
	Lobbying Firms (Part III, Section B, Column 4)		_	0.00 7500.00
C. Total Activity Expenses (Part III, Section C) \$				0.00
D. Total Other Paymo	ents to Influence (Part III, Section D)		\$ 	0.00
GRAND T	OTAL (A + B + C + D above)		\$	7500.00
E. Total Payments in	Connection with PUC Activities (Part III, Section E)		\$	0.00
F. Campaign Contrib	utions: Part IV completed and attached	X No campaign con	tributions made this	s period
	VERIFICA	TION		
tion contained	reasonable diligence in preparing this Report. I have herein and in the attached schedules is true and conpenalty of perjury under the laws of the State of Calif	ve reviewed the Report and		/ knowledge the informa-
Executed on (Date) 01/31/2009	At (City and State) Sacramento,CA	By (Sig Jackie	nature of Employer or Miller	r Responsible Officer)
Name of Employer or Respo Jackie Miller	nsible Officer (Type or Print)	Title Execu	utive Director	

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NAME OF FILER: PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA

PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT (See instructions on reverse.)							
Name and Title		Name and	Name and Title				
If more space is needed, check box and attach continuat	ion sheets.						
PART III - PAYMENTS MADE IN CONNECTIO	N WITH LOBB	YING ACTIVITIE	s				
A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)			(1) Amount This Period		(2) Cumulative Total To Date		
(Column 1) on Line A of the Summary of Payments Section on page 1.)			\$ 0.00		\$	0.00	
B. PAYMENTS TO LOBBYING FIRMS (Inclu	uding Individual C	Contract Lobbyists)					
Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)		(4) Total This Period	(5) Cumulative Total to Date	
Carey Associates	7500.00	0.00	0.00		7500.00	30000.00	
Sacramento CA 95814							
If more space is needed, check box and attach continuation sheets	Also ente	THIS PERIOD (er the total of Colur y of Payments sect	nn 4 on Line B of the	\$	7500.0	00	

PERIOD COVERED: 10/01/2009 12/31/2009

NAME OF FILER: PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each		Description of Consideration	Total Amount of Activity	
			\$		\$	
	nore space is needed, check box and attach atinuation sheets.	Also		Activity Expenses) Section C on Line C of ents section on page 1.	\$ 0	
D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead. 1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.) \$ 0.00						
2. (OTHER PAYMENTS			TOTAL SECTION D (1 + 2) Also enter the total of Section D on Line D of the Summary of Payments section on page 1.	\$ 0	
BEF	MENTS IN CONNECTION WITH ADIFORE THE CALIFORNIA PUBLIC UT	LITIES COMMISSION Also, enter the			\$ 0	

PERIOD COV	ERED: 10/01/2009 12/31/2009				
NAME OF FIL	ER: PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA				
made to or on	CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-nounce behalf of state candidates, elected state officers and any of their controlle officers must be reported in A or B below.)	monetary campaign contributions of ed committees, or committees suppo			
in a iden	e contributions made by you during the period covered by this reportant compaign disclosure statement which is on file with the Secretary diffication number, if any, below.	of State, report the name of the	committee and its		
Name of Major Donor or Recipient Committee Which Has Filed A Campaign Disclosure Statement: Recipient Committee: Recipient Committee:					
	ributions of \$100 or more which have not been reported on a came by an organization's sponsored committee, must be itemized be		luding contributions		
Date	Name of Recipient	I.D. Number if Committee	Amount		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
If mor	e space is needed, check box and attach continuation sheets.				

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM
640

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PERIOD COVERED: 10/01/200912/31/2009		3,0
NAME OF FILER: PROFESSIONAL FIDUCIARY ASSOCIATION OF CALIFORNIA		
For Use By: A state or local government agency that qualifies as instructions on the cover page before completing this		00 filer. Refer to the
Other Payments to Influence Legislative or Administrative Action:		
Total payments for overhead expenses related to lobbying activity. Report as a lump sum.		\$ 0.00
Total payments to Lobbying Coalitions. Report as a lump sum (Form 630 must be attached)	\$0.00	
Total payments of less than \$250 during the calendar quarter for loactivity (excluding overhead). Report as a lump sum	. \$0.00	
 Total payments of more than \$250 during the calendar quarter for activity (excluding overhead). Such payments must be itemized be 	\$0.00	
5. Grand total of "Other Payments to Influence Legislative or Adminis Action." Also enter this total on the appropriate line of the Summa Payments section on Page 1 of Form 635 or Form 645	\$0.00	
Itemize below payments of \$250 or more made during the quarter payee, the amount paid during the quarter, and the cumulative am legislative session covered by the report. Also itemize dues or similar payments of \$250 or more made to an total expenditures or \$15,000 or more in a calendar quarter to influ organization's name and address, the amount paid to the organizathe organization since January 1 of the biennial legislative session	ount paid to the payee since Ja organization that makes expendence legislative or administration during the quarter, and the	enditures equal to 10% of its ive action. Provide the
Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
	\$	\$
	\$	\$
	\$	\$
Subtotal of all payments itemized above	\$ 0.00	
If more space is needed, check box and attach continuation sheets.		

TEXT ANNOTATION

PAGE 1

Schedule F635 Reference No:

CA AB 215 CA AB 235 CA AB 276 CA AB 324 CA AB 329 CA AB 355 CA AB 367 CA AB 392 CA AB 407 CA AB 415 CA AB 416 CA AB 535 CA AB 724 CA AB 730 CA AB 762 CA AB 768 CA AB 773 CA AB 885 CA AB 950 CA AB 989 CA AB 1037 - CA AB 1038 CA AB 1163 CA AB 1168 CA AB 1169 CA AB 1183 CA AB 1458 CA AB 1462 CA AB 1545 CA AJR 6 CA SB 18 - CA SB 91 CA SB 127 CA SB 274 CA SB 303 CA SB 308 CA SB 311 CA SB 344 CA SB 367 CA SB 377 CA SB 389 CA SB 6 - 38 CA SB 661 CA SCR 28 CA SJR 4. Monitored all Extraordinary Session Budget Bills